



**"Home to Wushu  
in British Columbia"**

## **WOP36-Annual Medical Declaration Form**

*EFFECTIVE: March 1<sup>st</sup>, 2017*

2-2336 King George Blvd Surrey, BC V4A 5A5 **778.836.4807** [info@canadawestwushu.ca](mailto:info@canadawestwushu.ca) [www.canadawestwushu.ca](http://www.canadawestwushu.ca)

### **ATHLETE MEDICAL DECLARATION - TO BE COMPLETED BY THE ATHLETE OR GUARDIAN (if under 19 years of age)**

The information contained in this medical history form will only be used by Canada West Wushu Association, WushuCanada and the International Wushu Federation for purposes of determining if you pose a health threat/risk to yourself in the ring and to review your past medical history in the event of a new emergency or reoccurrence. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly in BLUE or BLACK ink only.

#### **ATHLETE INFORMATION**

First Name:		Last Name:	
Date of Birth (MM/DD/YYYY):	Age (At Signing):	Gender:	Nationality:

#### **DO YOU HAVE ANY OF THESE MEDICAL CONDITIONS?**

CONDITION:	YES	NO	CONDITION:	YES	NO	CONDITION:	YES	NO
Bleeding or other blood disorder			Epilepsy/seizure			Cataracts		
Open wound/sutured cut			Blurred vision			Diabetes		
High temperature/pyrexia			Hearing loss			Fainting		
Headaches/migraines			Balance problems			Dizziness		
Abnormal blood pressure			Asthma/bronchitis			Hernia		
Any heart condition			Recurrent neck pain			HIV		
Chest trauma/rib fracture			Recurrent back pain			Hepatitis		
Chronic or acute infectious disease			Mental illness			Pregnancy		
Organomegaly, cryptorchidism			Kidney or urine disorder			Breast lesions		

IN THE LAST 6 MONTHS	YES	NO	If Yes, DETAILS
Been Knocked Out			
Had any type of surgery			
Required hospital treatment			
Treated for a fracture/fissure/dislocation			
HAVE YOU EVER	YES	NO	If Yes, DETAILS
Had back or spinal surgery			
Tested positive with WADA			
Had a blood clot in your legs/lungs/heart/brain/other major organs			
Had a retinal detachment			
Had a concussion or traumatic brain injury			
Had any hormone/endocrine disorders			
PLEASE LIST	DETAILS		
Any allergies			
All medications you are currently taking You will need to submit a Therapeutic Use Exemption			
Any other conditions not listed			

**MEDICAL HISTORY STATEMENT** I have completed this medical history questionnaire and answered it truthfully and to the best of my knowledge. I am prepared to answer questions from Canada West Wushu Association, WushuCanada or the IWuF (including athletic trainers, nurses, consultants, coaches, and coordinators) and general practitioners concerning this medical history and medical conditions. I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed on this form. I further recognize the importance of fully and accurately disclosing my physical conditions, past and present, to Canada West Wushu Association, WushuCanada and the IWuF.

Athlete Name \_\_\_\_\_ Athlete Signature \_\_\_\_\_ Guardian Name/Signature (If Under 19) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
**This declaration must be dated within the 12 months prior to national competition and 6 months prior to international competition.**



**"Home to Wushu  
in British Columbia"**

## **WOP36-Annual Medical Declaration Form**

*EFFECTIVE: March 1<sup>st</sup>, 2017*

2-2336 King George Blvd Surrey, BC V4A 5A5 **778.836.4807** [info@canadawestwushu.ca](mailto:info@canadawestwushu.ca) [www.canadawestwushu.ca](http://www.canadawestwushu.ca)

### **MEDICAL EXAMINATION- TO BE COMPLETED BY THE LICENSED PHYSICIAN/DOCTOR**

Please note that the following may preclude from Wushu Combative Sanda competition (1) Impaired Vision – worse eye less than 20/200 and better eye less than 20/120 (2) Squint (3) Recurrent Chronic Suppurative Otitis Media (4) Chest Expansion Less than 2" (5) Total Deafness (6) Albuminuria (7) Hernia, Organomegaly or Undescended Testis (8) Heart Lesions.

<b>ATHLETE INFORMATION</b>		First Name:		Last Name:	
Weight: (kg)		Height: (cm)		Pulse:	
Blood Pressure:					
Expiration:	Inspiration:	Left Eye Vision: (Unadjusted)	Right Eye Vision: (Unadjusted)	Colour Vision:	Field of Vision:

<b>GENERAL HEALTH</b>	<b>YES</b>	<b>NO</b>	<b>If Yes, DETAILS</b>
Vision: Abnormality of pupils?			
Mouth: Any disease of mouth or throat?			
Hands: Evidence of swelling or injury?			
Abdomen: Any abnormality?			
Evidence of stimulant/substance abuse?			

I, (Licensed medical Physician's Name) certify that (Athlete's Name)

\_\_\_ Is Fit to participate in the Full Contact Sport competitions and events of Canada West Wushu Association Combative Sanda

\_\_\_ Is Fit to participate in the Non-Contact Sport competitions and events of Canada West Wushu Association Taolu.

\_\_\_ Is Not Fit to participate in any sporting event of Canada West Wushu Association

Physician Signature:	License #:	Date (MM/DD/YYYY):	Stamp:
Physician Address:	Telephone:	Email:	

**This declaration must be dated within the 12 months prior to national competition and 6 months prior to international competition.**

### **LABORATORY TESTING FOR ATHLETES AGE 16+ in Class A and B Competition**

Laboratory testing is mandatory for all athletes age 16 and above, in Class A and B Competition where open face contact is applicable and must be attached to this medical declaration. Test results must be dated in the 12 months prior to national competition and 6 months prior to international competition. Those attending international events also require EEG (Sanda Only) and ECG (Both Taolu and Sanda) testing results.

<b>TEST</b>	<b>NEGATIVE</b>	<b>POSITIVE</b>	<b>DATE OF TEST (MM/DD/YYYY)</b>
HIV			
Hepatitis B			
Hepatitis C			
Electroencephalogram (EEG)			
Electrocardiogram (ECG or EKG)			